

# Wisconsin Department of Regulation & Licensing

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## HEARING AND SPEECH EXAMINING BOARD

### APPLICATION FOR TEMPORARY LICENSE TO PRACTICE SPEECH LANGUAGE PATHOLOGY

**AN APPLICANT FOR TEMPORARY LICENSURE MUST SUBMIT A COMPLETED APPLICATION FORM FOR FULL LICENSURE, TOGETHER WITH SUBMISSION OF ALL REQUIRED FORMS AND REQUIRED FEES.**

**A TEMPORARY LICENSE IS REQUIRED PRIOR TO COMMENCING WORK AT A CLINICAL FELLOWSHIP IN WISCONSIN.**

NAME OF APPLICANT: (Please print) \_\_\_\_\_

**Please check all that apply:**

- \_\_\_\_\_ I have taken the National Certification Examination for Speech-Language Pathology and am awaiting results.
- \_\_\_\_\_ I have taken the National Certification Examination for Speech-Language Pathology and have received my results. Score = \_\_\_\_\_.
- \_\_\_\_\_ I am scheduled to take the next National Certification Examination for Speech-Language Pathology on \_\_\_\_/\_\_\_\_/\_\_\_\_.
- \_\_\_\_\_ I am ready to commence my clinical fellowship year upon receipt of a temporary license.

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### ***AFFIDAVIT OF SUPERVISING SPEECH-LANGUAGE PATHOLOGIST***

I wish to request that a temporary license to practice speech-language pathology in the State of Wisconsin be issued to \_\_\_\_\_. I am aware that a temporary license may be issued for a period not to exceed 18 months and may be renewed once for 18 months or longer, at the discretion of the board.

\_\_\_\_\_  
Signature and Title

\_\_\_\_\_  
Agency/Department

\_\_\_\_\_  
Print Name and Wisconsin License Number

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City and State

\_\_\_\_\_  
Date